Practitioner's Docket No. 2894/107

TFW) PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

ANG 09 THUO IN THE Application of:

Byong Mok Oh and Fredo Durand

Application No.: 10/601,842

Group No.: 2628

Filed: 06/23/2003

Examiner: G.F. Cunningham

For: Structure-Preserving Clone Brush

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for one month:

Fee:

\$60.00

CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a) and 1.10*

(When using Express Mail, the Express Mail label number is **mandatory**; Express Mail certification is optional.)

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

[X] deposited with the United States Postal Service in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

'37 C.F.R. § 1.8(a)

37 C.F.R. § 1.10*

[X] with sufficient postage as first class mail.

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TRANSMISSION

08/10/2006 NWOLDGE1 00000033 10601842 Patent and Trademark Office, (571) 273 - 8300.

01 FC:2251

60.00 OP

Date: August 7, 2006

John L. Conway

(type or print name of person certifying)

^{*} Only the date of filing (§ 1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under § 1.8 continues to be taken into account in determining timeliness. See § 1.703(f). Consider "Express Mail Post Office to Addressee" (§ 1.10) or facsimile transmission (§ 1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)	(Co	ol. 2)	(Co	ol. 3)	SMALL			ENT	ITY	
	CLAIMS				,						
	REMAINING	HIGH	EST NO.								
	AFTER	PREV.	IOUSLY	PRE	SENT					ADDIT.	
	AMENDMENT	PAID FOR		EXTRA		RATE				FEE	
TOTAL	19	_	20	=	0	x	\$	25.00	=	\$	0.00
INDEP.	4		4	=	0	X	\$	100.00	=	\$	0.00
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM + \$ 180.00									=	\$	0.00
								TOTAL			
							ΑI	DDIT. FEE		\$	0.00

FEE PAYMENT

5. Attached is a check in the sum of \$60.00.

FEE DEFICIENCY

6. If any additional extension and/or fee is required, charge Account No. 19-4972.

If any fee for claims is required, charge Account No. 19-4972.

Charge any additional fees required by this paper or credit any overpayment in the manner authorized above.

Date: August 7, 2006

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